



\* Required Fields

**Letter of Protest**

**Print**

**Email**

Date: \* 10/27/12

in Docket 2012 - 177 - 105

**Protestant Information:**

Name \*

Mailing Address \*

City, State Zip \*

E-mail

Pudumot Family Practice at Iyga City  
1713 Starkbridge Dr.  
Fort Mill, SC 29708 Phone \* 803 547 5447  
leslie.norris@henethhealth.com

1. What is your connection or interest in this case? \* For example, are you a customer of the Company that is the subject of this pending proceeding? (This section must be completed. Attach additional information if necessary.)

Rates too high

2. Please give a concise statement of your protest. \* (This section must be completed. Attach additional information if necessary.)

Concerned citizen  
water in the lake used for drinking

3. Do you wish to make an appearance at a hearing in this proceeding, if scheduled, and offer sworn testimony? \*

No

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COMMISSION